

# MEDICAID LONG TERM CARE TASK FORCE

## MEETING AGENDA

Senate Hearing Room, Boji Tower  
April 11, 2005 9:30 a.m.-- 3:30 p.m.

9:30 a.m.	Informal Gathering and Networking	All
10:00 a.m.	Call to Order & Introductions	RoAnne Chaney, Chair
10:05 a.m.	Review and Approval of Agenda Note on Process	Members R. Chaney
10:10 a.m.	Review and Approval of March 14, 2005 Minutes	Members
10:15 a.m.	Discussion & Adoption: Workgroup B (Finance) Report	Members
11:15 a.m.	Discussion: Reconciled E and G recommendations for LTC commission and LTC administration	M. Cody and D. Hoyle
11:45 p.m.	Discussion: Follow-up on Workgroup G eligibility recommendations from last meeting <ul style="list-style-type: none"> <li>▪ Recommendation #1</li> <li>▪ Recommendation #2</li> <li>▪ Recommendation #3</li> <li>▪ Recommendation #4</li> </ul>	M. Cody
12:15 pm	Discussion: Workgroup G Quality Recommendations	
12:30 p.m.	Break (TF members pick up lunches)	
1:00 p.m.	Public Comment	
1:30 p.m.	Discussion: Final Report <ul style="list-style-type: none"> <li>▪ Executive Summary</li> <li>▪ Introduction</li> <li>▪ Recommendations #1 &amp; #2: PCP &amp; MFP</li> <li>▪ Recommendation #3: SPE</li> <li>▪ Recommendation #4: Array of Services and Supports</li> <li>▪ Recommendation #5: Prevention Activities</li> <li>▪ Recommendation #6: Consumer Involvement</li> <li>▪ Recommendation #7: Quality Management</li> <li>▪ Recommendation #8: Workforce Teams</li> <li>▪ Recommendation #9: LTC Administration</li> <li>▪ Recommendation #10: Finances</li> </ul>	
3:00 p.m.	Discussion: Final Report Additional Sections <ul style="list-style-type: none"> <li>▪ Issues Needing Further Study</li> <li>▪ Barriers</li> <li>▪ Timeframes</li> <li>▪ Appendices</li> </ul>	
3:25 p.m.	Follow-up <ul style="list-style-type: none"> <li>• Executive Committee Meeting specifics</li> <li>• Next Meeting: April 18, 9 am – 2:30 pm, Room 210, Farnum Bldg. (125 W. Allegan)</li> </ul>	
3:30 p.m.	Adjourn	

## **Vision Statement adopted at the August 9, 2004 meeting:**

*Within the next ten years, Michigan will achieve a high quality, easily accessible system of publicly and privately funded long-term care supports. These supports will include a full array of coordinated services available wherever an individual chooses to live and will be mobilized to meet the needs of each person with a disability or chronic condition, of any age, who needs and wishes to access them.*

*The arrangement and type of care and supports for each person will be determined by that person. Person-centered planning, which places the person as the central focus of supports and care planning, will be used to determine all facets of care and supports plans. Each person, and his or her chosen family, friends, or professionals, will initiate or re-start the process whenever the person's needs or preferences change.*

Name
Workgroup A: <b>Single Point of Entry and Person-Centered Planning</b>
Workgroup B: <b>Financing</b>
Workgroup C: <b>Continuum Development</b>
Workgroup D: <b>Workforce Development</b>
Workgroup E: <b>Education and Meaningful Consumer Participation and Oversight</b>
Workgroup F: <b>Chronic Care</b>
Workgroup G: <b>Legislative &amp; Regulatory Reform</b>

### **Charge to the Task Force:**

The Task Force is advisory in nature and shall:

1. Review existing reports and reviews of the efficiency and effectiveness of the current mechanisms and funding for the provision of Medicaid long-term care services in Michigan and identify consensus recommendations.
2. Examine and report on the current quality of Medicaid long-term care services in Michigan and make recommendations for improvement in the quality of Medicaid long-term care services and home-based and community-based long-term care services provided in Michigan.
3. Analyze and report on the relationship between state and federal Medicaid long-term care funding and its sustainability over the long term.
4. Identify and recommend benchmarks for measuring successes in this state's provision of Medicaid long-term care services and for expanding options for home-based and community-based long-term care services.
5. Identify and make recommendations to reduce barriers to the creation of and access to an efficient and effective system of a continuum of home-based, community-based, and institutional long-term care services in Michigan.